

State of California Governor's Office of Homeland Security

Matt Bettenhausen, Director



Housekeeping

- Electronics
- Food & Drink
- Restrooms
- Breaks
- Questions
- Evaluations



Acronyms

- OHS: Office of Homeland Security
- OES: Office of Emergency Services
- ALS: Automated Ledger System
- Mod: Modification
- MMRS: Metropolitan Medical Response System
- BZPP: Buffer Zone Protection Program
- PSIC: Public Safety Interoperable Communication
- UASI: Urban Areas Security Initiative



Acronyms

- AAR: After Action Report
- IP: Improvement Plan
- BSIR: Biannual Strategy Implementation Reports
- ISIP: Initial Strategy Implementation Plan
- GRT: Grants Reporting Tool
- RKB: Responder Knowledge Base
- AEL: Authorized Equipment List



Inam Ali

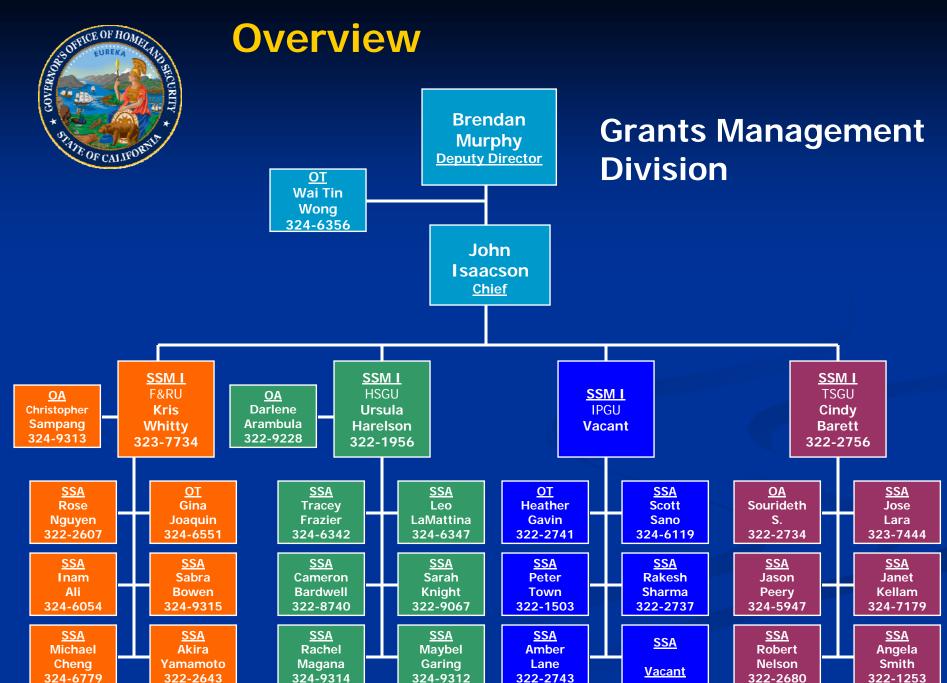
Program Representative
Fiscal & Reporting Unit
Grants Management Division
Governor's Office of Homeland Security

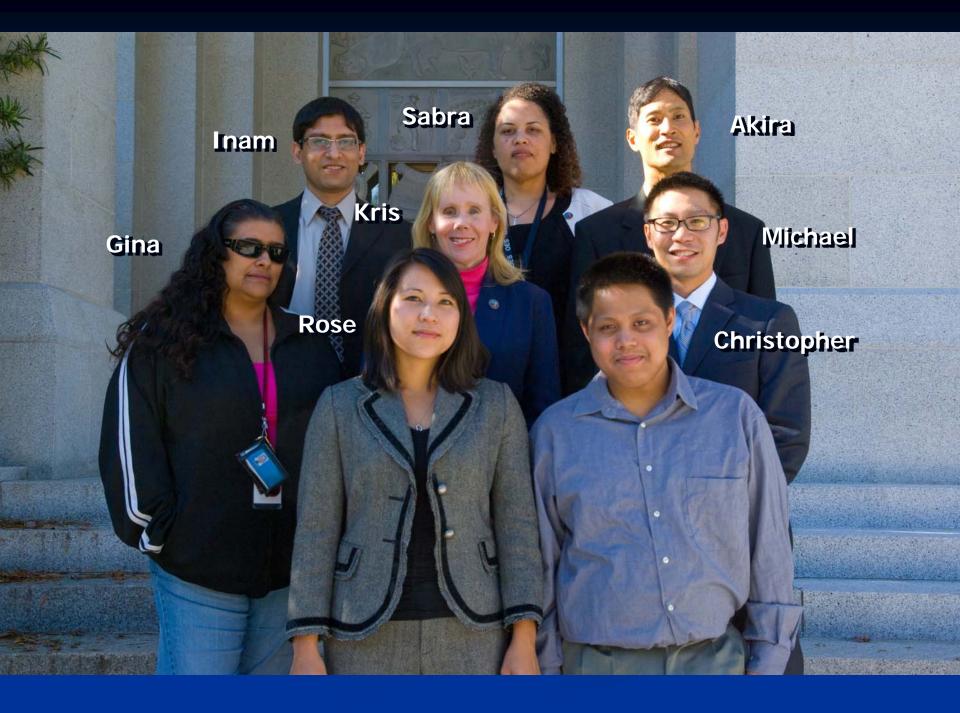




- Overview
- Financial Management Forms Workbook
- Cash Requests / Advances / Modification
- Grant Closeout
- Interactive Demonstration









Overview

Fiscal & Reporting Unit (F&RU)

The F&RU is responsible for processing all requests for reimbursement from subgrantees across all grants, submitting Initial Strategy Implementation Plans (ISIP), Biannual Strategy Implementation Reports (BSIR) and Categorical Assistance Program Reports (CAPR).

The F&RU is also the lead in providing grant related information in support OHS's annual report, reports to the legislature and California's State Preparedness Report (SPR). The F&RU conducts several workshops throughout the year including Reports and Recordkeeping, Fiscal Management and Biannual Strategy Implementation Reporting.

Program staff for the Fiscal and Reporting Unit (F&RU) include:

Kris Whitty, Program Manager	(916) 323-7734	kris.whitty@ohs.ca.gov
Gina Joaquin, Fiscal Technician	(916) 324-6551	gina.joaquin@ohs.ca.gov
Christopher Sampang, Office Assistant	(916) 324-9313	christopher.sampang@ohs.ca.gov
Sabra Bowen, Program Representative	(916) 324-9315	sabra.bowen@ohs.ca.gov
Inam Ali, Program Representative	(916) 324-6054	inam.ali@ohs.ca.gov
Michael Cheng, Program Representative	(916) 324-6779	michael.cheng@ohs.ca.gov
Akria Yamamoto, Program Representative	(916) 322-2643	akria.yamamoto@ohs.ca.gov
Rose Nguyen, Program Representative	(916) 322-2607	rose.nguyen@ohs.ca.gov



Overview

Automated Ledger System (ALS)

- Database used to enter and track all Homeland Security grants
- All modifications completed in ALS
- All reimbursements/cash requests processed using the ALS
- Processed 6,800 plus transactions and more than \$600 million in reimbursements since 2005





Reimbursement Process Working Group

Reduce the processing time for:

- Cash Requests/Advances
- Modifications of Grant Activities



Overview

Outcome

- Financial
 Management
 Forms
 Workbook
- Template for Automated Systems to come

	A	В	C	D	E	F	G	Н	1	J	K	L	М	N
2	1 Alterations to this document may result in delayed application approval, modification, or reimbursement requests. 2 Subgrantees may be asked to revise and/or resubmit any altered Financial Management Forms Workbook.													
3							Governor's Office o	f Homeland	Security		Ledger Type:	Initial Applicatio	n	
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Overview

- FY 08 Fiscal Management Workshop
- FY 08 Application Workshop
- Website: www.ohs.ca.gov/grants_fiscal_reporting.html

STATE OF CALIFORNIA

Overview

- Foundation of Subgrantee Application
- Project Ledger is the Basis for Project Planning
- Provides for Pre-Approval
 - Equipment Purchases
 - Training Courses
- Confirms AAR and IP are uploaded into portal (Exercise)



Overview

Forms and Procedures

- FY 06, 07, FY 08 ONE modification per quarter
- All grants, ONE cash request per month
- FY 04 and FY 05 grants will need to submit equipment ledgers in the future



Overview

Quarter Dates for FY 2008

Quarter : Award date – 12/31

• Quarter: 1/1 - 3/31

Quarter: 4/1 - 6/30

• Quarter: 7/1 - 9/30

Quarter: 10/1 - 12/31





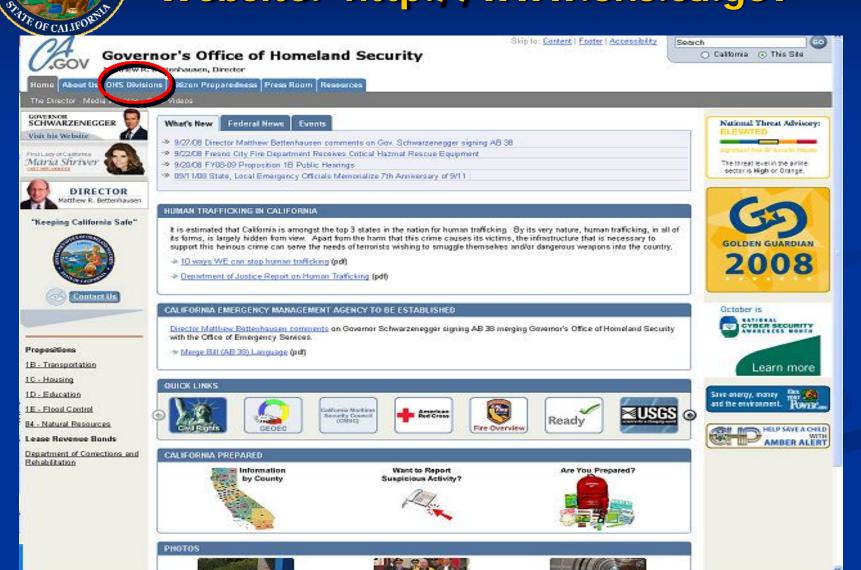
- The FMFW is unlocked
- Sorting/Auto Filter feature is available
- Planning Roster is updated to reflect Planning-Personnel and Planning-Contractor
- Catalogue of Federal Domestic Assistance (CFDA) field is included
- Macros are included to reduce redundant tasks



Marked with a disclaimer advising against altering the document

"Alterations to this document may result in delayed application approval, modification, or reimbursement requests. Subgrantees may be asked to revise and/or resubmit any altered Financial Management Forms Workbook."

Financial Management Forms Workbook Website: http://www.ohs.ca.gov



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http://www.ohs.ca.gov/divisions.html



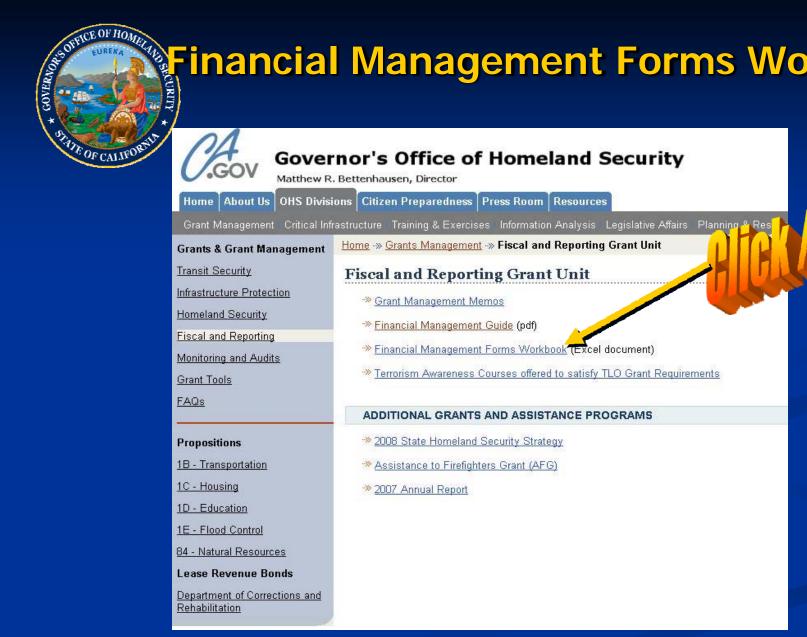
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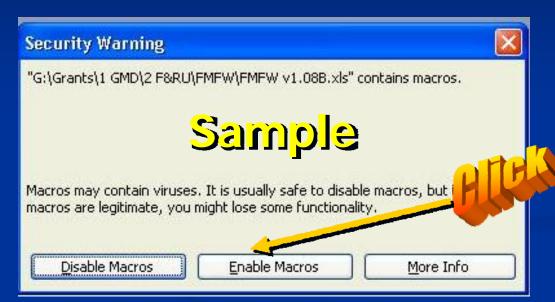
the California Statewide Interoperability Executive Committee (CALSIEC) and the Public Safety Radio Strategic Planning Committee.

1B funds, the Public Safety Interoperable Communications (PSIC), Urban Area Security Initiative-Non Profit Security Grant Program (NSGP), Operation Stonegarden (OPSG), a Regional Catastrophic Preparedness Planning Grant (RCPG) grant programs. The IPGU also supports Buffer Zone Protection Program grants and California's federal Port Security Grant Program (PSGP) submission. Grant management activities in the IPGU are coordinated with the California Maritime Security Council



http://www.ohs.ca.gov/grants_fiscal_reporting.html

- 1. Click on "Tools"
- 2. "Macros"
- 3. "Security"
- 4. Set it to "Medium"
- 5. Save
- 6. Close / Re Open the FMFW
- 7. Click on "Enable Macros"





Financial Management Forms Workbook Composition

- 1. Application Cover Sheet
- 2. Project Descriptions
- 3. Grant Management Roster
- 4. Project Ledger
 - Cash Request Form
 - Modification Request Form
- 5. Equipment Inventory Monitoring
- 6. Training Roster
- 7. Planning Roster
- 8. Exercise Roster
- 9. Authorized Agent Signature Page

7	*One Cover S	heet Per (Grant Pro	gram (A	Author	ized Ac	nen [:]	Sic	natur	e is rec	uired)
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32	Chief of Police										
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Planning Roster



Financial Management Forms Workbook Project Descriptions

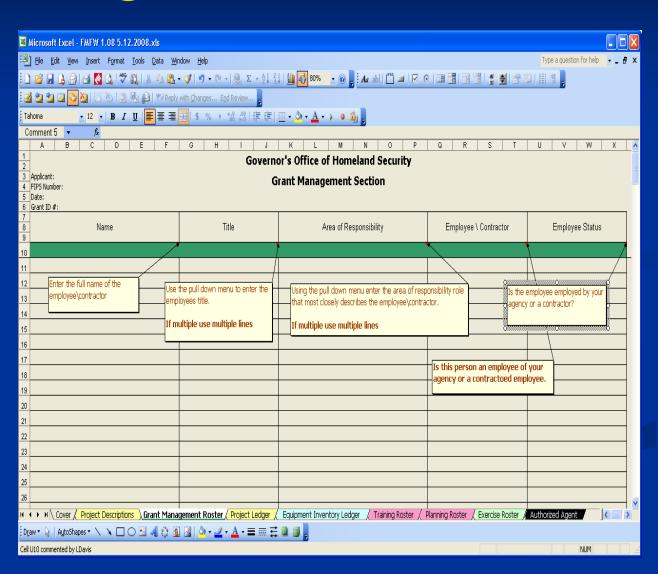
- 20 Projects maximum (A-T)
- Please include letter (A-T) of project when entering in BSIR
- Be as descriptive and concise as possible (1000 Characters)
- Do not use terms that are only meaningful locally

Project	State Investment <u>Justification</u> Goals and Objectives	Project Description	Need	Status
Project A	IJ - 9 Goal 5 Obj. 1.1	Emergency Management Project The Baytown Operational Area will contract with a qualified consultant to enance it's Emergency Operations Plan to include an appendix on the response and recovery from acts of terror.		
Project B	IJ - 5 Goal 5 Obj. 1.1	CBRNE Aviation Equipment Project The Baytown Police Department will install a Forward Looking Infra Red (FLIR) video camera on Air 9 Air 9 is a helicopter assigned to the Downtwon areas of Baytown. The FLIR will increase Baytown's CBRNE capabilities by allowing Air-9 to operated in a flight environment clouded by fog, haze, smoke and debris which would be likely following a terrorist event in the Harbor or Downtown areas. The GPS and Video Recording features will allow for events to be recorded in real time and used in court, debrriefing, and after action reports.	1	
Project C	IJ - 7 Goal 7 Obj. 1.3	Community Based Education an Training Project Baytown OS will utilize funds from it's ongoing program with the California Volunteers Program. The City of Baytown is currently developing the "Baytown Citizen's Corp Council" with funds from it's FY 05 allocation. FY06 funds will be used to publish brochures and handout materials that will be distributed as part of it's Terrorisam Awareness Campaign.		



Financial Management Forms Workbook Grant Management Roster

- Name of Individual
- Title
- Area of Responsibility
- Employee / Contractor
- Employee Status





Financial Management Forms Workbook Project Ledger

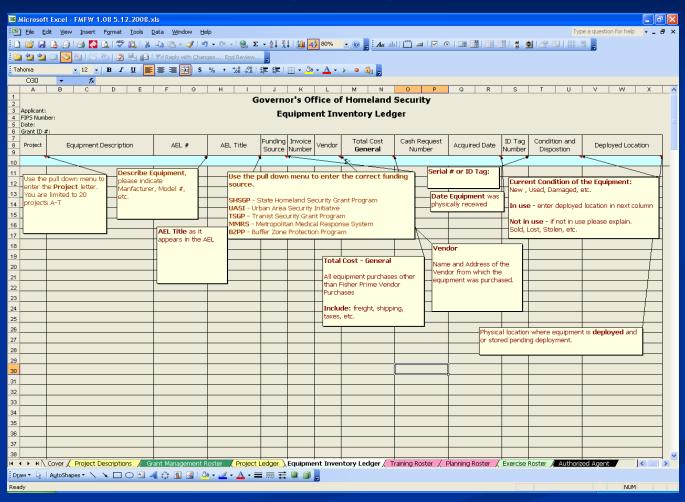
- Ledger Type (Top right)
- Item Number
- Project
- Project Name (Project Naming Protocols)
- Funding Source
- Discipline
- Solution Area
- Solution Area
 Sub-categories
- Total Obligated
- Amount Approved Previous
- Amount this request
- Match Amount

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5									Security	Initial Application	Today's Date:			
6	SdCl		County				-	Ledger		Cash Request	Expenditure	(Date) From:		
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9	2007-0	008		BLACK		[Project Ledger-		Clear Ledger					
11				RED	BL	UE	Click this button		Tupe	Advance				
t 13	Item :	Project	Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated	Amount Approved Previous	Amount This Request	Match Amount	Total Approved	Remaining Balance	Percent Complete %
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16		Α	Security Cameras	SHSGP	LE	Equip	Physical Security Enhancemen	500,000				-	500,000	
17			Medical Supplies		EMG	Equip	Medical Supplies and Limited	600,000				•	600,000	
18		С	Command Vehicle		LE	Equip	Other Authorized Equipment	1,200,000				-	1,200,000	
19		D	Chemical Suits	SHSGP	EMG	Equip	Personal Protective Equipment	60,000				1	60,000	
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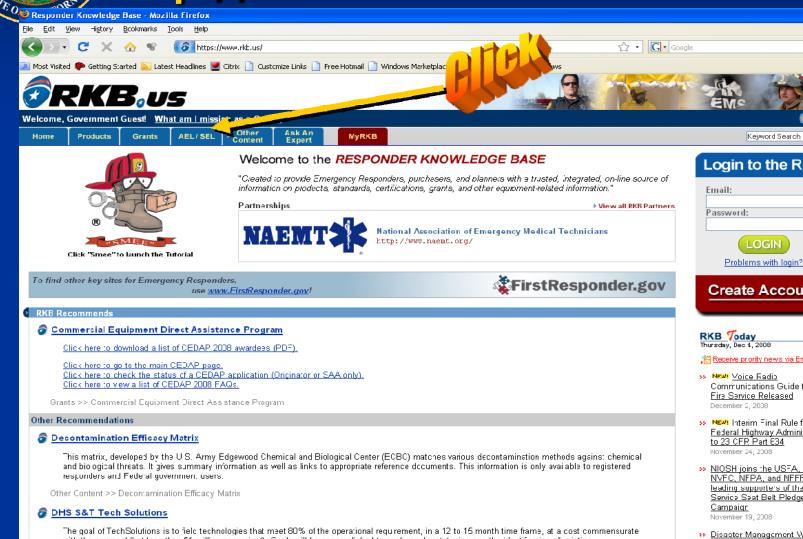
Financial Management Forms Workbook Equipment Inventory Ledger

- Project
- Equipment description
- AEL Number (www.rkb.us)
- AEL Title
- Funding Source
- Invoice Number
- Vender
- Total Cost
- Cash Request Number
- Acquired Date
- •ID Tag Number
- Condition/Disposition
- Deployed Location



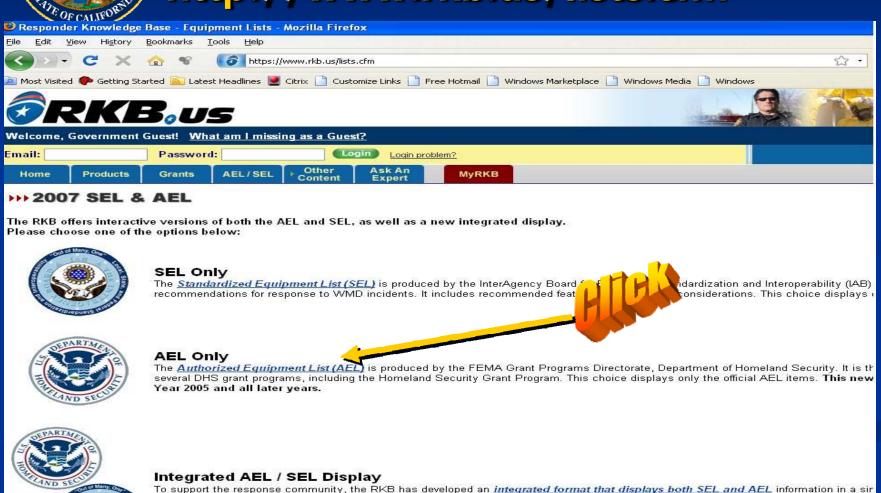
•At the time of monitoring, all equipment must be inventoried, tagged, and related to an invoice on file. This form will be required at the time of cash request. Totals must match.

http://www.rkb.us



with the proposal that lace than \$1 million nor project. Goale will be accomplished torough rand protection on the identification of existing

http://www.rkb.us/lists.cfm

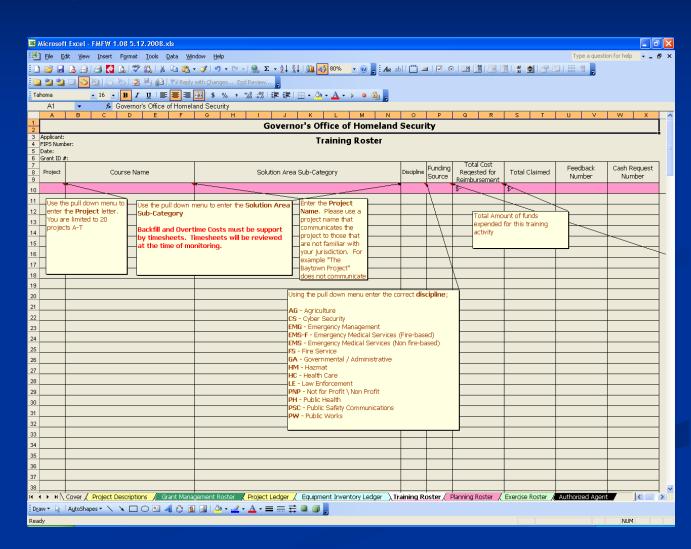


information from both lists without the need for cross-references.



Financial Management Forms Workbook Training Roster

- Project
- Course Name
- Solution Area Sub-category
- Discipline
- Funding Source
- Total Cost Requested for Reimbursement
- Total Claimed
- Feedback Number
- Cash Request Number



http://www.ohs.ca.gov/hseep/TrainingHome.html



https://www.firstrespondertraining.gov/odp_webforms/

Financial Management Forms Workbook http://www.ohs.ca.gov/forms/default.asp

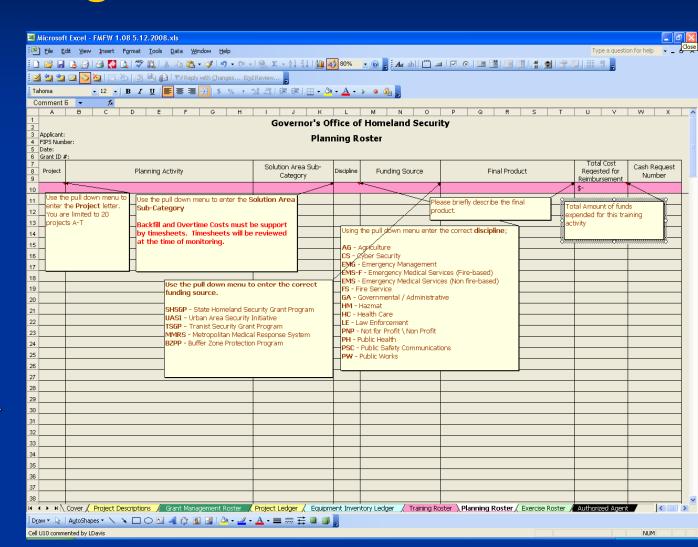
Governor's Office of Homelan	d Security - course enrollment form - Mozilla Firefox								
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⊘ → C × ♠	http://www.ohs.ca.gov/forms/default.asp								
🗾 Most Visited 🦚 Getting Started <u>So</u> Latest Headlines 💆 Citrix 📋 Customize Links 📋 Free Hotmail 📄 Windows Market									
CA Gover	nor's Office of Homeland Security								
Matthew R.	Bettenhausen, Director								
Home About Us OHS Divisi	ons Citizen Preparedness Press Room Resources								
Grant Management Critical Infr	astructure Training & Exercises Information Analysis Legislative Affairs								
Training and Exercises	Home -» Training -» Training Request Form								
Exercise Branch									
Training Branch	Training Request Form								
Public Officials	Training Officer (POC)								
State Training Providers	First Name:								
Training Calendar	Last Name:								
Online Courses	East Hallie.								
Training Request Form	Email:								
Training Applications	Phone Number:								
Don coldino	Course Title:								
Propositions	Course Title.								
1B - Transportation	Level of Training: —Select One—								
1C - Housing	Disciplines Trained:								
1D - Education									
1E - Flood Control	(Hold CTRL Key to select more than one discipline)								
84 - Natural Resources	-Select All That Apply-								
Lease Revenue Bonds	Emergency Medical Services								
Department of Corrections and Rehabilitation	Emergency Management Agency Fire Service								
- CONSESSION - CON	Hazardous Material Public Works								
	Governmental Administrative								
	Public Safety Communications Health Care								
	Public Health Other								
	Training Provider:								
	Date(s) of Course:								
	FROM: 1 V January V 2008 V								
	T0: 1 V January V 2008 V								

- Please scroll down
- Click Submit



Financial Management Forms Workbook Planning Roster

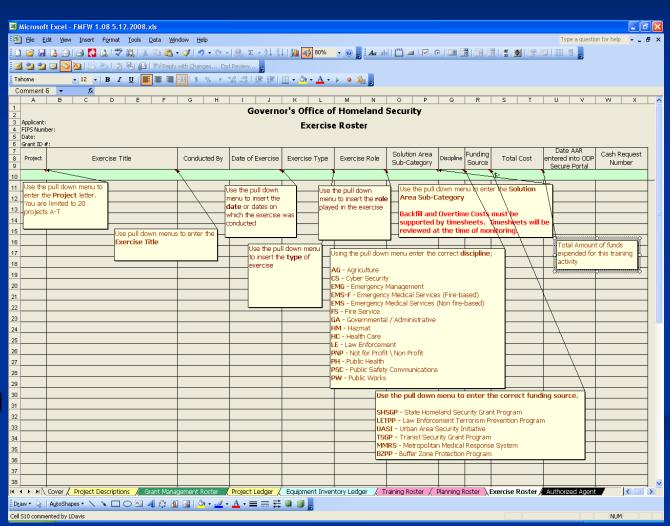
- Project
- Planning Activity
- Solution Area Sub-category
- Discipline
- Funding Source
- Final Product
 - Examples: Policy, procedure, guidelines...etc.
- Total Cost Requested for Reimbursement
- Cash Request Number





Financial Management Forms Workbook Exercise Roster

- Project
- Exercise Title
- Conducted By
- Date of Exercise
- Exercise Type
- Exercise Role
- Solution Area
 Sub-category
- Discipline
- Funding Source
- Total Cost
- Date AAR entered into ODP Secure Portal
- Cash Request Number





Financial Management Forms Workbook Authorized Agent Signature Page

Cash Request:

- A.A. Signature Page must be attached to all official requests for reimbursements, advances, and modifications with original signatures
- Supporting information for advance should be transmitted on Authorized Agent form

	311 / tatil 131 12 3 a / tg	<u></u>						
1 2	A B C D E Alterations to this document may result in delayed application approval, modificati Subgrantees may be asked to revise and/or resubmit any altered Financial Manage	F on, or reimburse ement Forms W	G ement requests. orkbook.	Н	I	J	K CFDA Number:	L M
3		Governor's Office of Homeland Security						
5 6 7 8 9	Sacramento County 067-00000 December 12, 2008 2007-0008	Supporting Information for Reimbursement/Advance of State and Federal Funds						
11 12 13 14	This request is for an/a: Initial Application		Cash Request	Modification	Initial Application	Clear		
15	-1. 1							
16	This claim is for costs incurred within the grant expenditure period from	n	(Danisasia	a Expenditure P	Instant Date)	through	(5-4	Expenditure Period Date)
17	and does not cross fiscal years.		(Degiririir	ig Experialitare F	enou Datej		(Ending	Experialitare Ferroa Date)
18 19 20	Under Penalty of Perjury I certify that:							
21 22 23 24	Statement of Certification - Authorized Agent By signing below, I hereby certify that I am the duly appointed Authorized Agent and have the authority to apply for the Homeland Security, Transit Security, Non-Profit Security Grant Program, PROP 1B, Urban Area Security Initiative, and the Operational Area's application represents the needs for the State Homeland Security Program.							
25								
26 27								
28 29 30	Printed Name		Signature of Au	uthorized Agent			-	Date
31	Mail workbooks to:							
32	Governor's Office of Homeland Security							
33	Grants Management Division							
34	State Capitol							
35	Sacramento, CA 95814							
36								
37	UPS and FedEx accepted- Please do not hand deliver							



Cash Request



Financial Management Forms Workbook Cash Request Process

- 1. Sub-grantee submits request
- 2. Regional representative reviews
- 3. Fiscal technician or Analyst inputs data into ALS
- 4. Analyst reviews and approves
- 5. Program Manager reviews and approves
- 6. Deputy Director final approval
- 7. Request transmitted to Accounting
- 8. Accounting transmits claim schedule to State Controller's Office CalStars System
- 9. Warrant Issued



Financial Management Forms Workbook Cash Request Process

First Cash Request:

- 1. Copy "Project Ledger" tab and rename to "Cash Request # 1"
- 2. Complete "Cash Request # 1"

Second and subsequent Cash Requests:

- 1. Copy cash request #1
- 2. Rename tab to Cash Request #2
- 3. Copy amounts from "Total Approved" column into "Amount Paid" previous column
- 4. Clear "Amount This Request" column
- 5. Enter amounts for current request
- 6. Submit and repeat steps above for subsequent requests



Advances

Financial Management Forms Workbook Advances

FY2006 - FY2008 Grants

- Funds may be held for not more than 120 days
- Interest bearing account- Financial Institution
- Interest returned at least quarterly to:

United States Dept. of Health & Human Services
Division of Payment Management Services
P.O. Box 6021
Rockville, MD 20852

- All interest earned must be reported to OES Accounting
- Subgrantee may retain \$100 in interest per year for administrative expenses
- All funds not expended within 120 days must be returned to OES Accounting
- Status of all advances will be reported on cash requests subsequent to the advance



Modification



Financial Management Forms Workbook Modifications

Modification Request

Latest Working Project ledger

2.	Copy	"Pro	iect	Led	aer"	tab
	-				\supset	

- 3. Rename to Modification Request # X
- 4. Red Strikethrough for delete
- 5. Blue for new text
- 6. Submit to OHS electronically

Item #	Project	l Project Name	Funding Source	Discipline	Solution Area	Solution Area Sub-Category	Total Obligated
							2,360,000
1	A	Security Cameras	SHSGP	Æ	Equip	Physical Security Enhancement	- 500,000
2	В	Medical Supplies	SHSGP	EMG	Equip	Medical Supplies and Limited Ty	600,000
3	\cup	Command Vehicle	SHS	l l) (P)	h et uthorized Equipment	1,200,000
4	D	Chemical Suits	SHSGP	EMG	Equip	Personal Protective Equipment	60,000

- 7. OHS Regional Representative will review, approve or request additional information
- 8. Once approved, submit approved modification with "wet" signature from Authorized Agent.
- 9. Use latest modification as basis for next cash request



Financial Management Forms Workbook Modifications

Subgrantee responsibilities in Modification Process

- Communicate request to OHS
- Receive approval and confirmation of modification from OHS
- Request funds consistent with the modification
- Report change in Grant Reporting Tool (GRT)
- Biannual Strategy Implementation Report (BSIR)



Financial Management Forms Workbook BZPP / TSGP / UASI Non-Profit / PSIC

- Buffer Zone Protection Program
 - Use same cash request form
 - Solution Area Equipment
 - Discipline LE
 - Funding Source BZPP
- Transit Security Grant Program
 - Use same cash request form
 - Complete same as HSGP
 - Funding Source TSP
- UASI Non–Profit
 - Discipline- PNP
 - Finding Source UASI /NSGP
- Public Safety Interoperable Communications Grant
 - Discipline- PSC
 - Funding Source PSIC





Closeout



Grant Closeout Requirements

The sub-grantee must submit to OHS on it's own letterhead a request to close the sub-grant award

The body of the letter must address the following:

- All approved work has been completed
- Certification that any Corrective Action Plan as a result of monitoring findings has been completed and findings resolved
- All funds have been requested or final cash request
- If funds will not be utilized, authorization to disencumber the funds
- Reconciliation of actual costs to awards, modifications, reimbursements or advances
- Acknowledgement of the record retention period



Grant Closeout Retention Period

- Three-years
- Starts from submission of the final expenditure report
- In event of litigation, claim, negotiation, audit, or other action involving the records:
 - Records must be retained until completion of the action and resolution of all issues which arise from it or
 - Three year period
 - Whichever is later

More Information:

- 2006 Financial Management Guide, U.S. DHS
- Office of Grants and Training
- Office of Grant Operations

FY 05 and prior: 2005 Department of Justice Financial Guide



Break